Name in Full Mrs Elizabeth Blaine

Certificate of Death

Died at near Town Gott Station on the [illegible] C Balt & Washington R Road Anne Arundel MARYLAND

Date 1892 Month Dec. Day 9

Age Y. M. D. about 50

Native of —

Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living don't know

Husband of Wife

145 d

Father's Name

Mother's Name

Cause of Death Primary Ran over by train cars

Immediate

How long sick immediate

Accident, ~~Suicide, Homicide~~

Reported by J William Brewer, Coroner

Address Annapolis, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full
Susan E. Brooks

Certificate of Death

Died at Town Annapolis County A A Co MARYLAND

Date 1899 Month 12 Day 20

Age Y. ~~M.~~ ~~D.~~ 70

Native of Md.

Occupation House Keep

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Wm E Brooks

Father's Name John Mace

Mother's Name —

Cause of Death
Primary Bonchitis 65
Immediate Apnea

How long sick 1 week

~~Accident, Suicide,~~ Homicide

Reported by James S Taylor

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

attended by Dr Geo Wells
information from Dr Geo Wells

Name In Full — Certificate of Death

James H. Brown

Died at Town Millersville County Anne Arundel MARYLAND

Date 1899 Month 12 - Day 16 — Age Y. 32 M. D. — Native of Md — Occupation Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living two

Husband of Wife Mary ~~Smith~~ Ray

Father's Name James W. Brown — Mother's Name Annie Wilburne

Cause of Death — Primary Phthisis 22a — How long sick 4 yrs —

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by H. B. Garrett M.D. —

Address Waterbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. ____________________

of ____________________

Seen by Coroner ____________________

of ____________________

Information contained in this certificate received from ____________________

of ____________________

Name in Full Randolph Childs

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month December Day 11 Age Y. — M. 10 D. — Native of Annapolis Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband or Wife —

Father's Name Wm. Zachary Childs Mother's Name Harriet Ann Childs

Cause of Death Primary Capillary Bronchitis How long sick 4 days

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Charles B. Henkel

Address Annapolis Maryland

Must be signed by physician, if any in attendance, ~~otherwise by coroner, undertaker or minister.~~

Attended by Dr. Charles, B. Henkel

of Annapolis Md

~~Seen by Coroner~~

of

Information contained in this certificate received from Charles, B. Henkel

of Annapolis, Md

Name in Full Jane Davidson

Certificate of Death

Died at Town Davidsonville County A A MARYLAND

Date 1899 Month Dec Day 14

Age Y. 83 M. — D. —

Native of Maryland

Occupation House Wife

~~Male~~ Female

White ~~Colored~~

Married Single

,Widow ~~Widower~~

~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Thomas Davidson

Father's Name ——

Mother's Name ——

Cause of Death Primary Pneumonia

Immediate —— 72

How long sick 5 days

Accident, Suicide, Homicide

OVER

Reported by Dr Davidson

OVER

Address Davidsonville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Davidson

of Davidsonville

Seen by Coroner —

of —

Information contained in this certificate received

from Charles C. Howes

of Davidsonville

Name in Full — Certificate of Death

Luther Ford

Died at Town Antwells — County A A Co — MARYLAND

Date 1899 Month Dec Day 8 — Age Y. 6 M. D. — Native of Md — Occupation ——

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living

Husband of Wife

Father's Name Waters Ford — Mother's Name Mary Whittington Ford

Cause of Death — Primary Tabes Mesenterica — How long sick 20 Dys. acute

Immediate 22c — ~~Accident, Suicide~~, Homicide

Reported by Geo. W. Pembroke M.D.

Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full None Garner

Certificate of Death

Died at Town 3 District County A A Co MARYLAND

Date 1899 Month N. Day 7 Age ~~Y.~~ ~~M.~~ ~~D.~~ Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower N~~umber of children living~~

~~Husband~~ of
~~Wife~~

Father's Name Benj. Garner Mother's Name Virginia Lowry

Cause of Death Primary How long sick

Immediate Still Born Accident, Suicide, Homicide

Reported by James B. Taylor

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr in attendance none.

information from
Geo Garner

Name in Full Mary Green

Certificate of Death

Died at Town Millersville County Anne Arundel MARYLAND

Date 1899 Month 12 Day 5

Age Y. 17, M. 8 D.

Native of Md

Occupation Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife John Green

22a

Father's Name Richard T Green

Mother's Name Margaret Green

Cause of Death Primary Hereditary Consumption

How long sick 6 Months

Immediate Do

Accident, Suicide, ~~Homicide~~

Reported by J H Du Bois MD

Address Gambrills, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full Samuel T. Griffith

Certificate of Death

Died at Town Friendship County Anne Arundel MARYLAND

Date 1899 ~~1965~~ Month 12 Day 31

Age Y. 30 M. D.

Native of

Occupation

Male White Married Widow Divorced

[✓ Female] Colored Single Widower Number of children living

Husband of Wife

Father's Name Robert F. Griffith

Mother's Maiden Name Margaret E. Owings

Cause of Death Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Calvert Gazette 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full # 5845 Rachel Ann Hamilton — Certificate of Death

Died at Town Williams X Roads County Anne Arundel Co MARYLAND

Date 189 9 Month December Day 23 | Age Y. M. D. 73 years | Native of Prince George Co | Occupation Housekeeper

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband / Wife of Dr. Summerfield P. Hamilton

Father's Name Beale Duvall Mother's Name Elizabeth Duvall

Cause of Death Primary Ulcer of Stomach | How long sick 18 months

Immediate Exhaustion 80 | Accident, Suicide, Homicide

Reported by C. R. Winterson M D

Address Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Laura M E Jones

Certificate of Death

Died at Town Annapolis County A A Co MARYLAND

Date 1899 Month Dec Day 13 | Age Y. 6 M. – D. 7 | Native of ——— | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Thos L Jones

Mother's Name Martha A Jones

Cause of Death: Primary Pertussis 7

Cause of Death: Immediate Bronchitis

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by W Bishop M.D.

Address 12 Church Circle Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Thos. W. Lee

Died at near Town Chesterfield County Anne Arundel MARYLAND

Date 1899 Month 12 Day 30 | Age Y. M. D. | Native of | Occupation

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 256

Cause of Death Primary Cancer of stomach

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Evening Capital 1-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Name in Full Harriet McCulley

Certificate of Death

Died at Town Annapolis County A A Co

MARYLAND

Date 1899 Month Dec Day 21

Age Y. 89 M. D.

Native of A A Co

Occupation Domestic

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living two

Husband of Wife —

Father's Name unknown

Mother's Name unknown

Cause of Death Primary Age 141

Immediate Debility

How long sick

Ac~~cident, Suicide, Homicide~~

Reported by Wm Bishop MD

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Bernard Marshall

Certificate of Death

Died at Town Nutwell County A A MARYLAND

Date 1899 Month Dec Day 9

Age Y. M. 5 D. 20

Native of Md

Occupation — —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Number of children living —

Husband of / Wife of — — —

42

Father's Name Oscar Marshall

Mother's Name Susie Ford

Cause of Death Primary Congestion of Brain

How long sick 2 days

Cause of Death Immediate Convulsions

~~Accident, Suicide, Homicide~~

Reported by Geo T Dent, M.D

Address Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full George Marshull. Certificate of Death

Died at Town Annapolis County Anne Arundell MARYLAND

Date 1899 Month 12 . Day 12. Age Y. 21. M. 11. ~~D~~ Native of Md. Occupation Livery

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of

Father's Name Henry Marshall. Mother's Name Oltrage Scott.

Cause of Death Primary Consumption. How long sick 3 months

Immediate Hemorrage — 22a

~~Accident, Suicide, Homicide~~

Reported by James S Taylor F. D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

attended by Dr Geo Wells
information from
Lucius Turner
grand father

Name in Full Certificate of Death

Geo Wells Parker

Died at Town Nutwells County A A Co MARYLAND

Date 1899 Month Dec Day 5 | Age Y. 6 M. — D. | Native of A A Co Md | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Num~~ber of children~~ living

~~Husband~~ of ~~Wife~~

Father's Name Conley Parker Mother's Name Margaret Paddy Parker

Cause of Death Primary Membranous Croup Jb How long sick 48 hours

Immediate Suffocation ~~Accident~~, Suicide, Homicide

Reported by Geo H Pembroke

Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full
Rebecca Queen

Certificate of Death

Died at Town Annapolis County A A
MARYLAND

Date 1899 Month Dec Day 31st
Age Y. 4 yrs. M. D.
Native of
Occupation

~~Male~~ ~~White~~ Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Sherdian Sorrel
Mother's Name Frances Queen

Cause of Death
Primary Pneumonia &
Immediate Pertussis 7

How long sick Seven days
Accident, Suicide, Homicide

Reported by John Ridout MD
Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full #5808 Certificate of Death

Dec 13, 1899 Edna E. Kathell

Died at Town Brooklyn County A A County MARYLAND

Date 1899 Month Dec Day 13 | Age Y. M. D. 13 | Native of Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of child~~ren living

Husband of Wife

Father's Name Russell Joseph Mother's Name Russell Mary

Cause of Death Primary Malformation Heart

Immediate 137

How long sick 13 days

~~Accident, Suicide, Homicide~~

Reported by J Byron Robinson Md

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. J. Byron Robinson MD

of Brooklyn a.a.C.O. [illegible]

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full John W. Simmons

Certificate of Death

Died at Town Churchton County A A MARYLAND

Date 1899 Month Dec. Day 2

Age Y. 19 M. D.

Native of Md

Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband / Wife of —

Father's Name Robert H. Simmons

Mother's Name Nellie Stallings

Cause of Death Primary Typhoid fever 1

How long sick 18 days

Cause of Death Immediate Intestinal hemorrhage

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. T. Dent, M.D.

Address Churchton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full
Rachel Simms

Certificate of Death

Died at Town Annapolis County A A MARYLAND

Date 1899. Month Dec Day 6th | Age Y. 76. M. D. | Native of Md | Occupation House-work

~~Male~~ ~~White~~ Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of Wife

Father's Name
Mother's Name 57

Cause of Death
Primary Cardiac Disease
Immediate

How long sick Three months
Accident, Suicide, Homicide

Reported by John Ridout MD

Address Annapolis
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Theresa Taylor

Certificate of Death

Died at Churchton Town A A County MARYLAND

Date 1899 Month Dec Day 10 Age Y. 65 M. – D. – Native of Md Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 0

Husband of Wife — —

Father's Name Thomas B. Smith Mother's Name Sarah Jane Coates

Cause of Death Primary Consumption 22a How long sick 4 yrs

Immediate Exhaustion ~~Accident,~~ Suicide, ~~Homicide~~

Reported by Geo. T. Dent, M.D.

Address Churchton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full Mr Jacob P Ward.

Certificate of Death

Died at Town Annapolis County a a

MARYLAND

Date 1899 Month Dec Day 13

Age Y. 73 M. – D. –

Native of Maryland

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Sarah E Ward

Father's Name

Mother's Name

Cause of Death

Primary Dropsey 155 a

Immediate

OVER

How long sick 6 months

~~Accident, Suicide,~~ Homicide

Reported by Dr Claud

OVER

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Claud

of Annapolis

Seen by Coroner

of

Information contained in this certificate received

from Charles C Howes

of Davidsonville

Name in Full Emily Wilkerson

Certificate of Death

Died at Town Annapolis, County Anne Arundel MARYLAND

Date 1899 Month Dec. Day 29 Age Y. M. D. 44 Native of Md. Occupation At Home

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living —

~~Husband~~ Wife of Wm. Wilkerson 22a

Father's Name Hebron

Mother's Name —

Cause of Death Primary Phthisis Pulmonarum

Immediate Heart Failure

How long sick 2 yrs

~~Accident Suicide Homicide~~

Reported by J. R. Winchester M.D.

Address 47 Market St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 56068

Name in Full Certificate of Death

Beatrice. Wander Williams

Died at Town Annapolis County Anne Arundel. MARYLAND

Date 1899. Month Dec 31 Day 31 Age Y. — M. 3 - D. 25 Native of Annapolis Occupation ——

Male —— White yes Married —— Widow —— Divorced ——

Female yes Colored —— Single —— Widower —— Number of children living ——

Husband of Wife ——

Father's Name Wm Fred Williams Mother's Name Margaret. Ann Williams

Cause of Death Primary Congenital heart disease. How long sick about 1 month

Immediate Heart failure 137 Accident, Suicide, Homicide

Reported by Geo. H Barber. M.D.

Address Naval Academy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.